FERRING

A RADICAL WAY TO BLOCK TESTOSTERONE... STARTING DAY 1

USE FIRMAGON FIRST

52% of patients attained castrate levels of testosterone (≤50 ng/dL) on Day 1 with FIRMAGON® (degarelix for injection) (n=207) vs 0% of patients on leuprolide (n=201) (secondary endpoint, noninferiority study). At 1 year (primary endpoint), 97.2% of patients on FIRMAGON and 96.4% of patients on leuprolide achieved castrate levels.[13]

FIRMAGON is a GnRH receptor antagonist indicated for treatment of patients with advanced prostate cancer.

Important Safety Information. FIRMAGON is contraindicated in patients with a known hypersensitivity to degarelix or to any of the product components and in women who are or may become pregnant. FIRMAGON can cause fetal harm when administered to a pregnant woman.

FIRMAGON® (degarelix for injection) FIRST

FERRING

USE FIRMAGON® (degarelix for injection) FIRST: IN 3 PATIENT TYPES

FIRMAGON is a GnRH receptor antagonist indicated for treatment of patients with advanced prostate cancer.

FIRMAGON® (degarelix for injection) FIRST

In the treatment of locally advanced prostate cancer

USE FIRMAGON® (degarelix for injection) FIRST: IN 3 PATIENT TYPES

JOE H.
AGE: 57
LIBRARIAN

Planning to start hormone therapy prior to receiving radiation therapy in the coming months, and wants a rapid reduction in testosterone levels

THOMAS W.
AGE: 62
TECHNICIAN

Considering the addition of a short-term antiandrogen with an LHRH agonist to avoid testosterone surges

GREGORY B.
AGE: 52
MECHANICAL ENGINEER

Considering hormone therapy due to rising PSA levels, even after curative attempt

These patient profiles are representative of typical patients with locally advanced prostate cancer. These are not actual patients.

FIRMAGON is a GnRH receptor antagonist indicated for treatment of patients with advanced prostate cancer.

Important Safety Information. Long-term androgen deprivation therapy (ADT) prolongs the QT interval. Physicians should consider whether the benefits of ADT outweigh the potential risks in patients with congenital long QT syndrome, electrolyte abnormalities, or congestive heart failure and in patients taking Class IA or Class III antiarrhythmic medications.

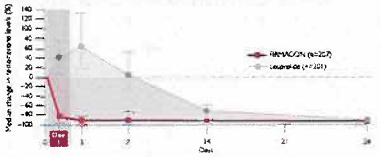
FIRMAGON® (degarelix for injection) FIRST

In the treatment of locally advanced prostate cancer

FIRMAGON® (degarelix for injection) PROVIDES SURGE-FREE TESTOSTERONE SUPPRESSION STARTING DAY 1[1,2]

- 52% of patients attained castrate levels of testosterone (≤50 ng/dL) on Day 1 with FIRMAGON (n=207) vs 0% of patients on leuprolide (n=201) (secondary endpoint, noninferiority study). At 1 year (primary endpoint), 97.2% of patients on FIRMAGON and 96.4% of patients on leuprolide achieved castrate levels[1]
- 52% of patients achieved castrate levels by Day 1*
- 96% of patients achieved castrate levels by Day 3*

Rapid, surge-free testosterone suppression starting Day 1[1,2]



*Castrate levels are defined as ≤50 ng/dL of testosterone.
†Leuprolide has been shown to cause an immediate testosterone surge of 50% or more upon dose initiation.[3]

FIRMAGON is a GnRH receptor antagonist indicated for treatment of patients with advanced prostate cancer.

Important Safety Information. Diagnostic test results of pituitary gonadotropic and gonadal functions conducted during and after FIRMAGON may be affected. The therapeutic effect of FIRMAGON should be periodically monitored by measuring serum concentrations of PSA; if PSA increases, serum concentrations of testosterone should be measured.

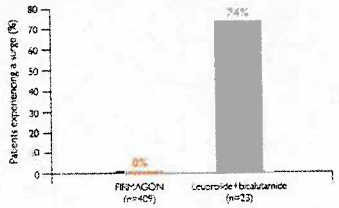
FIRMAGON® (degarelix for injection) FIRST

In the treatment of locally advanced prostate cancer

IN A PHASE 3 CLINICAL TRIAL,
0% OF PATIENTS RECEIVING
FIRMAGON EXPERIENCED TESTOSTERONE SURGES[2]

- **74% of patients (n=23) who received bicalutamide in combination with leuprolide still experienced testosterone surges within the first 2 weeks, as shown in the FIRMAGON phase 3 clinical trial[2]***

Proportion of patients experiencing a surge over 2 weeks[2]†



*A testosterone surge was defined as a ≥15% increase from baseline on any 2 days during the first 2 weeks of the study. About half of the patients receiving leuprolide who did not qualify for the assay definition of a surge did experience a ≥15% increase in testosterone levels from baseline on 1 day during the first 2 weeks.[2]

†These data were obtained from a retrospective analysis.

‡2.4% of patients had 1 testosterone value above 50 ng/dL from Day 28 through Day 364; 1.9% of patients had insufficient response to treatment (defined as 1 testosterone value above 100 ng/dL or 2 consecutive values above 50 ng/dL).

FIRMAGON is a GnRH receptor antagonist indicated for treatment of patients with advanced prostate cancer.

Important Safety Information. The most common adverse reactions (≥10%) during FIRMAGON therapy included injection site reactions (eg, pain, erythema, swelling or induration), hot flashes, increased weight, fatigue, and increases in serum levels of transaminases and gamma-glutamyltransferase. The majority of adverse reactions were Grade 1 or 2; 1% or less were Grade 3/4. Injection site reactions were mostly transient, of mild to moderate intensity, occurred primarily with the starting dose and led to few discontinuations (<1%).

FIRMAGON degarelix for injection

FIRST

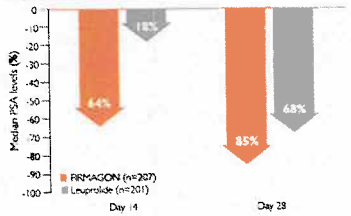
In the treatment of locally advanced prostate cancer

FIRMAGON REDUCES PSA LEVELS BY MORE THAN 60% IN JUST 2 WEEKS[2]

Provides rapid and sustained reduction in PSA[2]‡

- **In 2 weeks, FIRMAGON reduced PSA levels by 64%[2]**
- **Patients treated with LHRH agonists experienced an 18% overall reduction in 2 weeks[2]**

Rapid PSA reduction[2]



These PSA results should be interpreted with caution because of the heterogeneity of the patient population studied; no evidence has shown that the rapidity of PSA decline is related to a clinical benefit.

FIRMAGON is a GnRH receptor antagonist indicated for treatment of patients with advanced prostate cancer.

Important Safety Information. FIRMAGON is contraindicated in patients with a known hypersensitivity to degarelix or to any of the product components and in women who are or may become pregnant. FIRMAGON can cause fetal harm when administered to a pregnant woman.

FIRMAGON degarelix for injection

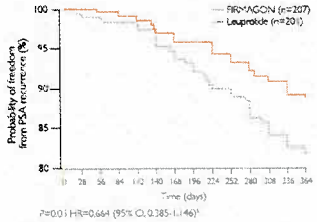
FIRST

FERRING

FIRMAGON PROVIDES IMPROVED LONG-TERM REDUCTION IN THE RISK OF PSA RECURRENCE VS AN LHRH AGONIST[5]

- FIRMAGON demonstrated a 34% greater reduction in the risk of PSA recurrence at 1 year vs an LHRH agonist[5*]

FIRMAGON patients were less likely to experience a PSA recurrence in 1 year[5*]



These PSA results should be interpreted with caution because of the heterogeneity of the patient population studied; no evidence has shown that the rapidity of PSA decline is related to a clinical benefit.[5]

*PSA progression-free survival: time to event was defined as the number of days from first dosing to the first of PSA recurrence (defined as 2 consecutive increases in PSA of 50% compared with nadir and ≥5 ng/mL on 2 consecutive measurements at least 2 weeks apart) or death; data include 9 deaths in the leuprolide group and 5 deaths in the FIRMAGON group.[5]

FIRMAGON is a GnRH receptor antagonist indicated for treatment of patients with advanced prostate cancer.

Important Safety Information. Long-term androgen deprivation therapy (ADT) prolongs the QT interval. Physicians should consider whether the benefits of ADT outweigh the potential risks in patients with congenital long QT syndrome, electrolyte abnormalities, or congestive heart failure and in patients taking Class IA or Class III antiarrhythmic medications.

FIRMAGON® (degarelix for injection) FIRST

FERRING

FIRMAGON®
(degarelix for injection)
INDICATION AND IMPORTANT SAFETY INFORMATION

FIRMAGON is a GnRH receptor antagonist indicated for treatment of patients with advanced prostate cancer.

FIRMAGON® (degarelix for injection) FIRST

FIRMAGON®
(degarelix for injection)
INDICATION AND IMPORTANT SAFETY INFORMATION

FIRMAGON is a GnRH receptor antagonist indicated for treatment of patients with advanced prostate cancer.

IMPORTANT SAFETY INFORMATION

FIRMAGON is contraindicated in patients with a known hypersensitivity to degarelix or to any of the product components and in women who are or may become pregnant. FIRMAGON can cause fetal harm when administered to a pregnant woman.

Long-term androgen deprivation therapy (ADT) prolongs the QT interval. Physicians should consider whether the benefits of ADT outweigh the potential risks in patients with congenital long QT syndrome, electrolyte abnormalities, or congestive heart failure and in patients taking Class IA or Class III antiarrhythmic medications.

Diagnostic test results of pituitary gonadotropic and gonadal functions conducted during and after FIRMAGON may be affected. The therapeutic effect of FIRMAGON should be periodically monitored by measuring serum concentrations of PSA; if PSA increases, serum concentrations of testosterone should be measured.

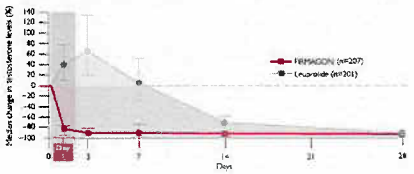
The most common adverse reactions (≥10%) during FIRMAGON therapy included injection site reactions (eg, pain, erythema, swelling or induration), hot flashes, increased weight, fatigue, and increases in serum levels of transaminases and gamma-glutamyltransferase. The majority of adverse reactions were Grade 1 or 2; 1% or less were Grade 3/4. Injection site reactions were mostly transient, of mild to moderate intensity, occurred primarily with the starting dose and led to few discontinuations (<1%).

In the
treatment of
locally advanced
prostate cancer

FIRMAGON®
(degarelix for injection)
PROVIDES SURGE-FREE TESTOSTERONE SUPPRESSION STARTING DAY 1

52% of patients attained castrate levels of testosterone (≤50 ng/dL) on Day 1 with FIRMAGON (n=207) vs 0% of patients on leuprolide (n=201) (secondary endpoint, noninferiority study). At 1 year (primary endpoint), 97.2% of patients on FIRMAGON and 96.4% of patients on leuprolide achieved castrate levels.[2]

Rapid, surge-free testosterone suppression starting Day 1[1,2]



Results were obtained from a pivotal, randomized open-labeled parallel-group, noninferiority phase 3 clinical trial. The primary endpoint of the study was testosterone suppression (≤0.5 ng/mL) for 1 year in patients receiving FIRMAGON or leuprolide.[2]

*Leuprolide has been shown to cause an immediate testosterone surge of 50% or more upon dose initiation.[1]

FIRMAGON is a GnRH receptor antagonist indicated for treatment of patients with advanced prostate cancer.

In the treatment of locally advanced prostate cancer

FERRING

REFERENCES

1. FIRMAGON [package insert]. Parsippany, NJ: Ferring Pharmaceuticals Inc; 2009.
2. Klotz L, Boccon-Gibod L, Shore ND, et al. The efficacy and safety of degarelix: a 12-month comparative, randomized, open-label, parallel-group phase III study in patients with prostate cancer. *BJU Int.* 2008;102:1531-1538.
3. Data on file, Ferring Pharmaceuticals Inc.
4. LUPRON DEPOT® 7.5 mg [package insert]. North Chicago, IL: Abbott Laboratories; 2008.
5. Tombal B, Miller K, Boccon-Gibod L, et al. Additional analysis of the secondary end point of biochemical recurrence rate in a phase 3 trial (CS21) comparing degarelix 80 mg versus leuprolide in prostate cancer patients segmented by baseline characteristics. *Eur Urol.* 2010;57:836-842.

FIRMAGON is a GnRH receptor antagonist indicated for treatment of patients with advanced prostate cancer.

For more information, please visit
www.firmagon.com
or call 1-888-FERRING (337-7464).

FIRMAGON® degarelix for injection

FIRST